

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16836

State File No. _____

FILED JUN 7 1943

Primary Registration District No. 1002

Registrar's No. 2212

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles Browning

3. (b) If veteran, name was No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married. 2 divorced widower
6. (b) Name of husband or wife. Sarah Ann 6. (c) Age of husband or wife if alive. — years
7. Birth date of deceased. Sept. 24, 1855 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name George Browning
13. Birthplace Kentucky
14. Maiden name Nancy M. Atchley
15. Birthplace Kentucky

16. (a) Informant Violet Rankin

(b) Address 2678 Elmwood

17. (a) Burial (b) Date thereof May 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director E. A. Blackman

(b) Address Kansas City, Mo

19. (a) 5-13-43 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3242 Norledge (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11 day year 1943 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 7, 1943 to May 11, 1943; that I last saw him alive on May 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right humerus from fall, date unknown

Due to cerebral hemorrhage,

Due to uremia

Other conditions 166
(Include pregnancy within 3 months of death) 39

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc 173

(b) Date of occurrence unknown

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

(Specify type of place) fall

23. Signature Wm. R. Johnson (M. D. or other)

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. B. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

15 E. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.